

Date Rec'd	
Payment Amt	
Staff Initials	
Space	



**Talbot County Department of Parks and Recreation**  
 10028 Ocean Gateway, Easton, MD 21601 Phone 410-770-8050 Fax 410-822-7107



## 15<sup>th</sup> Annual Decoy Tailgate Show Application



**PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Configuration:** Side by Side \_\_\_\_\_ Back to Back \_\_\_\_\_ (please check all which apply):

Tuesday, Nov 8, 2016: 1 space \_\_\_\_\_ 2 spaces \_\_\_\_\_ 3 spaces \_\_\_\_\_ 4 spaces \_\_\_\_\_

Wednesday, Nov 9, 2016: 1 space \_\_\_\_\_ 2 spaces \_\_\_\_\_ 3 spaces \_\_\_\_\_ 4 spaces \_\_\_\_\_

Thursday, Nov 10, 2016: 1 space \_\_\_\_\_ 2 spaces \_\_\_\_\_ 3 spaces \_\_\_\_\_ 4 spaces \_\_\_\_\_

Handicap Parking: yes \_\_\_\_\_ no \_\_\_\_\_

**\$25.00 per space per day**

**Please make checks payable to TCPR**

**Price listed, are for spaces only. No tables are provided, if you would like a table please bring your own. Spaces will be reserved upon full payment with completed application. If space is available after November 8, 2016, new vendors will be accepted on a first come, first serve basis. Any spaces that are reserved after this date must be paid in cash only.**

*I acknowledge that I have complete understanding of the potential risk associated with this activity, including injury and death, and I voluntarily agree to assume all such risk. I hereby release, discharge, indemnify, and agree to hold Talbot County, Md., its officers, agents, and employees harmless from and against any and all liability, claims, actions, suits, damages, losses, or injuries of any kind, nature, description, including without limitations personal injuries and/or death, medical expenses, and economic damages arising or incurred as a result of any act or omission related to the Decoy Tailgate Show offered by the Talbot County Department of Parks and Recreation.*

**I have read and agree to the terms and conditions stated in this application.**

SIGNATURE: \_\_\_\_\_ NAME (Printed) \_\_\_\_\_ DATE: \_\_\_\_\_